

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700646	RECEIPT DATE:	11 / 15 / 00
IA NUMBER:	PCT/ SE99 / 00821	IA FILING DATE:	05 / 12 / 99
FAMILY NAME:	ANDERSSON	DELAY WAIVED (Y/N):	N
GIVEN NAME:	LARS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 15 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	9435-021	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	PENNIE & EDMONDS		
STREET:	1155 AVENUE OF THE AMERICAS		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	100362711
EMAIL:			
APPLICATION TITLES:	REMOTELY CONTROLLED POWER POWER SUPPLY IN AN ELECTRONIC LABEL		

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/700,646	<b>FILING DATE</b> 11/15/2000 <b>RULE</b> -	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2635	<b>ATTORNEY DOCKET NO.</b> 9435-021
<b>APPLICANTS</b> Lars Andersson, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE99/00821 05/12/1999 <i>yes - cy</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9801719-7 05/15/1998 <i>yes - cy</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b>				
<b>GRANTED ** 01/02/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>allowance</i> Acknowledged <i>Examiner's Signature</i> <i>cy</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b>				
Pennie & Edmonds 1155 Avenue of the Americas New York, NY 20006				
<b>TITLE</b>				
Remotely controlled power supply in an electronic label				
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	